DOCUMENT RESUME

ED 142 223 IR 005 082

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TITLE Hospital Library Administration.
INSTITUTION Intermountain Regional Medical Program, Salt Lake City, Utah. Network for Continuing Education.
PUB DATE 71
NOTE 31p.; Hospital Library Handbooks, No. 1

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS Annual Reports; Hospitals; *Institution Libraries; *Library Administration; Library Expenditures; Library Guides; *Library Planning; Library Services; *Medical Libraries

ABSTRACT

The objectives of a hospital are to improve patient care, while the objectives of a hospital library are to improve services to the staff which will support their efforts. This handbook dealing with hospital administration is designed to aid the librarian in either implementing a hospital library, or improving services in an existing medical library. The librarian's tasks are identified and discussed under two major categories: (1) planning, which involves organizing, financing, and budgeting for library services; and (2) control, which includes the development of annual reports, policies and procedures, and coordination and leadership. A glossary of library terms, a checklist of patient care standards, and hospital library standards are appended. (AP)

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Hospital Library Handbooks
No. 1

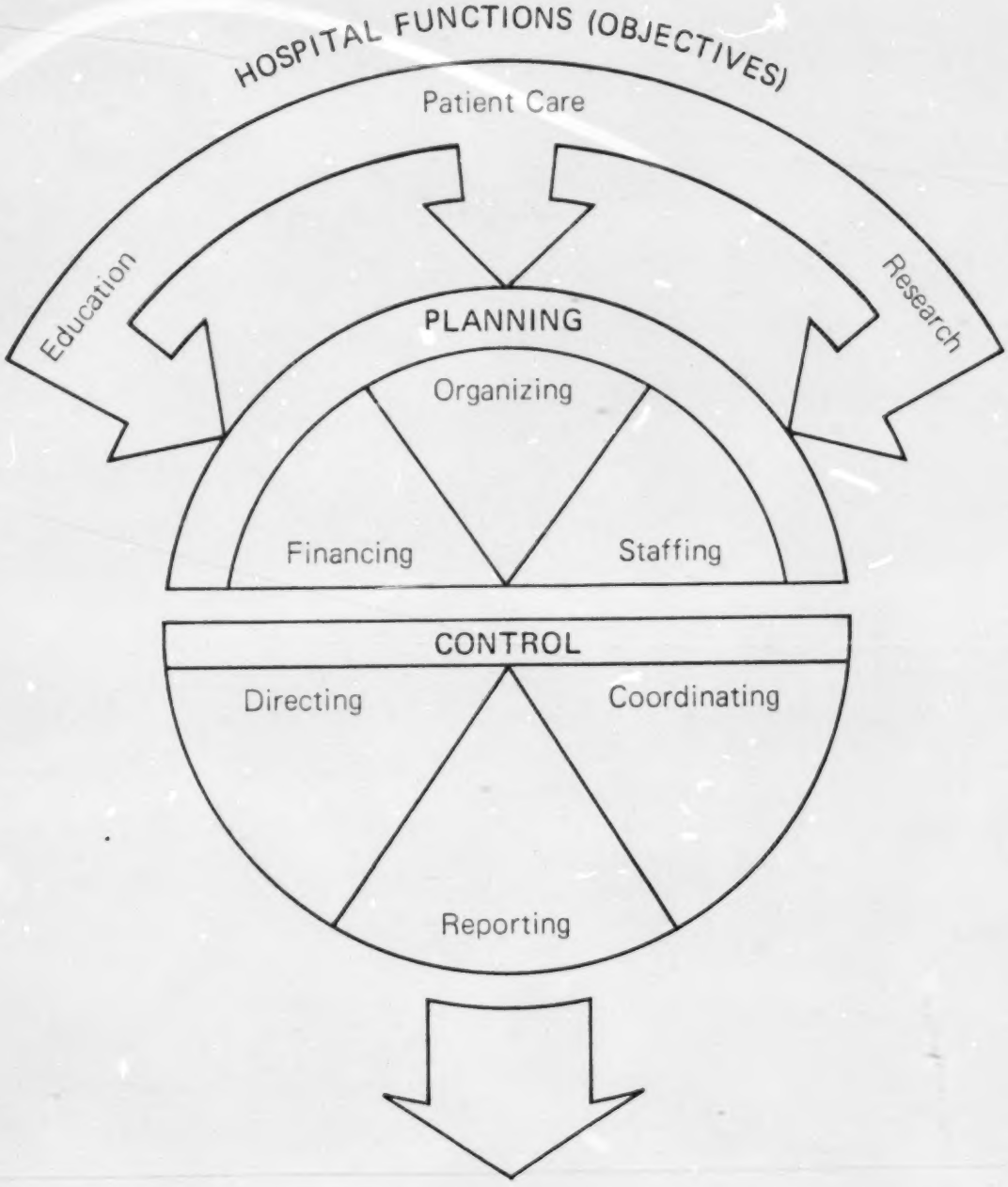
HOSPITAL LIBRARY ADMINISTRATION

by
Anne Cramer, Extension Librarian

IR 000 082

Network for Continuing Education
Intermountain Regional Medical Program
Salt Lake City

April, 1971



LIBRARY SERVICE TO THE HOSPITAL

PREFACE

It is the purpose of this series to expand each major section of existing workshop handbooks into a self-contained booklet for individual study. I hope that this will bridge the gap between the shorter handbooks and the advanced terminology of the Handbook of Medical Library Practice.

Special thanks are due to the Regional Medical Libraries and Regional Medical Programs whose handbooks for hospital librarians, and other publications, were the inspiration for this series. Their handbooks often were produced against deadlines for scheduled workshops, or to fill quickly an urgent need for information. Nevertheless they have been a rich source of ideas. They include a remarkable amount of essential information, and much that is difficult to find elsewhere.

I would like to give particular recognition to Priscilla Mayden[1] and to Douglas Carpenter.[2] For the past six months they have been my constant advisers in the application of general administrative principles to the unique problems of the hospital library and the community of health workers which it serves.

Pat Howard, our patient secretary, survived three versions of the manuscript as it was polished. Donald Ulmer[3] coordinated the various processes necessary for converting the manuscript into print.

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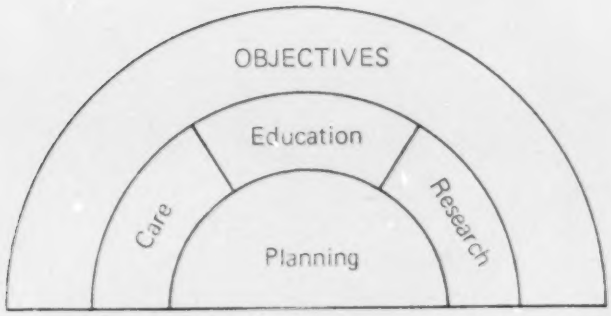
INTRODUCTION

Your hospital administrator has placed you in charge of the hospital library. He expects you to find out what needs to be done, and to tell him what is needed in the way of books, journals, policies, procedures, and personnel to support the other work of the hospital. At the same time, your administrator will expect you to do all this in the same systematic manner that he would use himself. In this booklet we will give you a short course in administration as it applies specifically to the hospital library. No matter how large or small your library may be, the problems will be similar and the need for decisions will be the same.

In 1917, Henry Fayol made the observation that all administrators do essentially the same thing: that an army general has more in common with a church bishop than the artillery gunner has with the battalion cook. Fayol listed fourteen tasks of the administrator which have been summarized in various ways, but they can be condensed to two main tasks: planning and control. Both of these are dependent on the objectives of the parent organization.

OBJECTIVES



In hospitals the basic objective is patient care. For the hospital library this means services to the staff which will support their efforts in patient care. The surgeon needs an atlas of anatomy to refresh his memory. The emergency room needs information on poison control. The director of nursing must plan the long-term care of a patient, and needs special information on the particular case.

The library must have books and journals and dictionaries which will provide whatever information is most needed in each type of care the hospital provides: medicine, general surgery, obstetrics, cardiac care, etc. For a given case the nurse will need a different kind of information than the doctor would use. Appropriate material should be provided for each member of the health care team. Special needs may require special materials, such as collections housed in the emergency room or in the nursing stations.

The hospital often has an educational objective as well, and even the smallest hospital can embark on programs of education. In-service training is needed for specific jobs in the hospital, and must be reviewed from time to time to make sure nothing is forgotten by the employees. Continuing education can be provided to help the professional staff keep up with new developments since the time of their formal training. Patients and their families must also be educated in how to live with their disabilities and how to speed recovery. Larger hospitals can support accredited training programs for nurses, interns, residents, and the allied health professions.

Every type of educational program will create its own need for library materials and services. The higher the level of the educational program, the more library support is needed.

Hospitals which have research objectives can be expected to have the most complete medical libraries and the most sophisticated methods of giving service. Such libraries must provide information on every conceivable aspect of their current research projects and the continuing interests of their research staff. These libraries must also develop close associations with other research libraries, for the exchange of information.

Think about your own hospital. What are your objectives? Patient care? Education? Research?

What kinds of cases does your hospital handle? What special services are offered? What specialties are represented on the medical staff?

What kind of information is needed concerning these cases? General? Specific? Comprehensive? Current? Historical?

What staff members are involved in patient care? What special information does each health worker need for a particular type of case?

What educational programs are offered at your hospital?

Does your hospital give special instruction for specific jobs?

Do you sponsor continuing education for nurses? for doctors? for the dietitians? for central supply? others?

Does the hospital offer instruction for new mothers? Do your diabetic patients need books on proper diet?

Do your educational programs need audio-visual materials? Textbooks? Workbooks? Pamphlets? Special materials for personal interests?

Is there a research hospital close to you which can loan you special materials for occasional use?

Your hospital objectives determine what you will buy and what services you will offer. Its objectives will determine how much space you need and what equipment will be required.

Everything you do as a librarian depends on a thorough knowledge of your organization.

PLANNING

The specific functions in planning are organizing, staffing, and budgeting.

ORGANIZING:

You can see the organizing function in the larger pattern of the hospital, as arranged by your administrator. Each department is responsible for a particular job which contributes to the overall objectives.

Figure A gives the outline of a typical, medium-size voluntary hospital. Small hospitals must perform the same functions with a smaller staff by combining two or more functions under one person. Often a professional function will be performed in the small hospital by a technician working under the direction of a visiting consultant.

Lines of authority may vary from one hospital to another, according to the decisions of the governing board and other officials. Ask your administrator how your own hospital is organized. You should be especially concerned with the relationships between librarian, administrator, medical staff, and library committee.

STAFFING:

In the larger library you may have the job of "staffing"--of locating the people best suited for each job in the library. If you have no budget for help, you can often locate capable people through the Director of Volunteers.

If the small hospital cannot have a full-time librarian, the library is managed on a part-time basis by another person. Usually a part-time library assignment is given to the medical records librarian, or to the secretary to the medical staff, or to the administrator's secretary, since these people have a very good knowledge of the objectives of the hospital. They are also well acquainted with individual staff members and their interests and current problems.

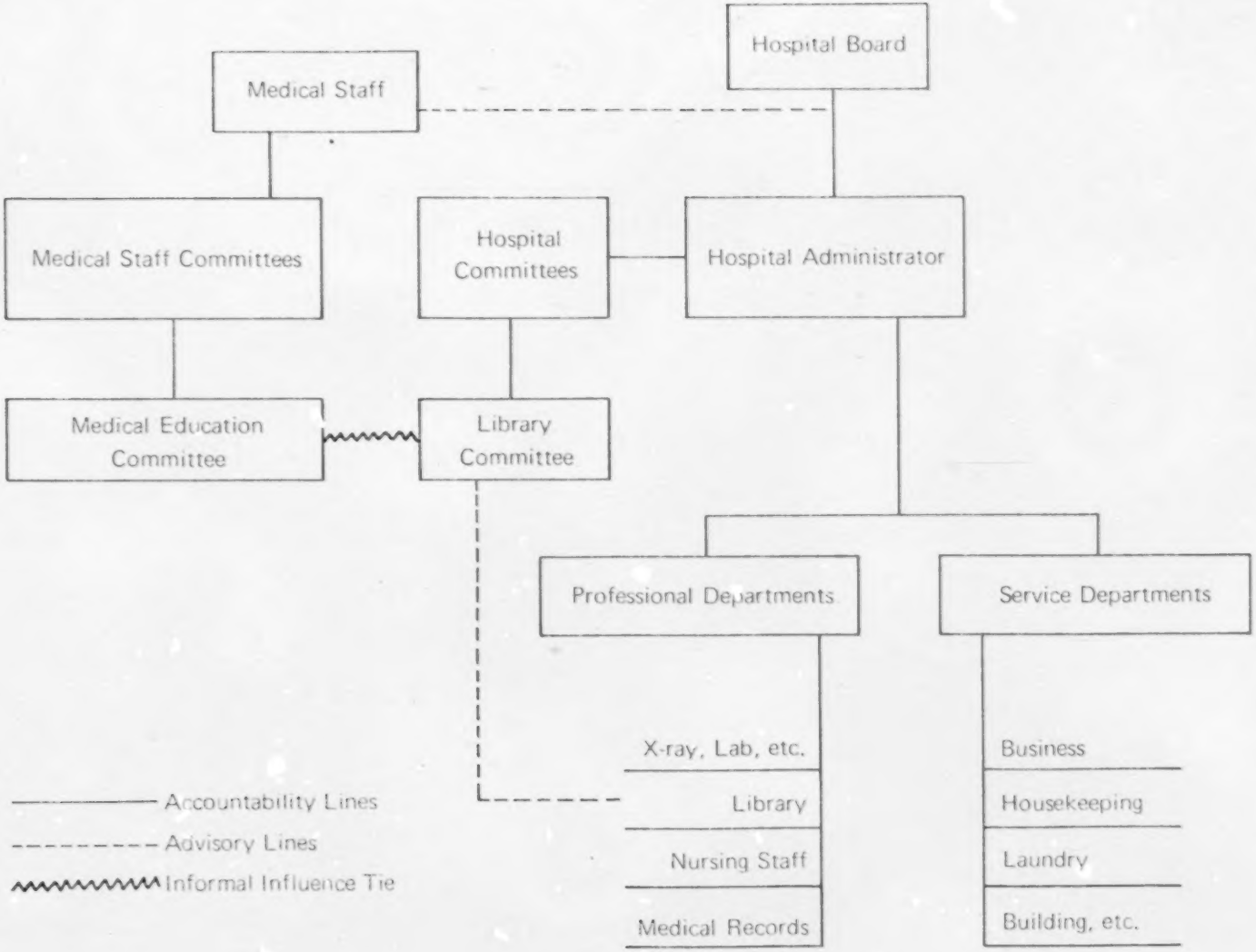


Fig. A

ORGANIZATION OF A TYPICAL HOSPITAL

Regardless of the library's size, the functions shown in Figure B are a part of library service. These functions must be performed, even if the same person performs them all.

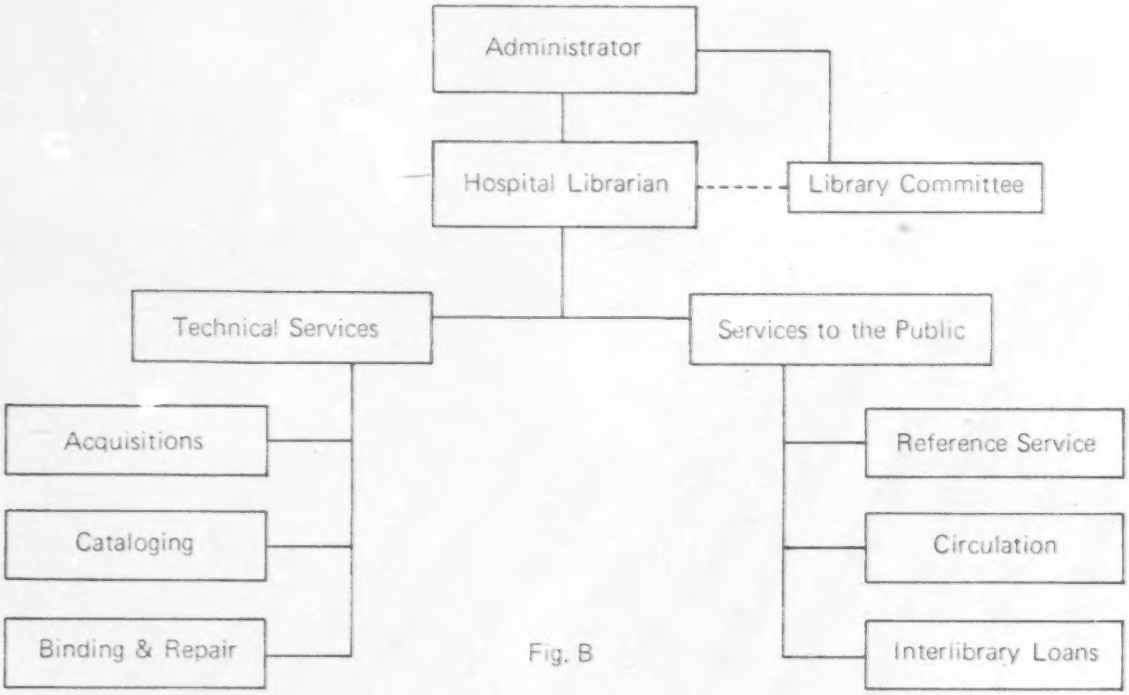


Fig. B

The objective of the library is to provide information. To do this you must acquire materials and organize (or catalog) them so that you can find them. Materials must be kept in good repair. In serving the public you must meet the library users, interpret their needs, and determine what materials best provide what they need. This is called reference service. Rules for use of materials must be established so that they will continue to circulate, and not become an indefinite loan or gift to one person. Procedures must be established to locate and borrow special materials from larger libraries (interlibrary loans).

CENTRALIZATION vs. DECENTRALIZATION:

One of the greatest policy decisions in library organization is the question of centralization:

1. Should separate medical and nursing libraries be maintained?

   Usually not. In most cases an integrated library is more economical and can also give much better service. Your own hospital may maintain separate libraries, in which case you must be cautious and tactful in any changes you may suggest. Nothing is accomplished by creating antagonism. Cooperation may pave the way to eventual merging of the two libraries.

2. Should there be small collections on nursing stations, in laboratories and emergency rooms?

Such collections can be very convenient to users, but must be in the care of someone who is constantly aware of how they are used, and by whom. The station collection can be especially valuable to nurses aides in expanding their knowledge of their work. The success of these small collections depends entirely upon the presence of a supervisor who will encourage use and care of the books, and who will guard against their disappearance. The librarian must keep central records of small collections and must replace old volumes as new editions are published. There is a further question of whether small collections should be duplicated in the main library for the use of staff members in other departments. Can the library afford duplication? Does the use of the material justify it?

3. Should individuals be allowed to keep books for long and indefinite periods?

Here you will have to work with the individual and the administrator to determine the exact responsibilities of the library, the individual, and the individual's department in the hospital. Who should provide the materials which are needed by only one person? Should the librarian's time be taken in maintaining personal office collections? A good case can be made for it. You should not refuse such service without consideration. Much will depend on the philosophy and financial resources of your hospital. The decision on such a policy should involve your administrator and library committee. Once made, the policy must apply to all hospital employees except as otherwise defined in the policy itself. Exceptions should be defined in terms of departments and positions--not individuals by name. If the library does not provide office collections, there should be a hospital policy on how they shall be provided: whether through the department's budget, or at the individual's own expense.

THE LIBRARY COMMITTEE

Your best source of advice on hospital information needs is your library committee. The knowledge and experience of the following people would be very valuable in membership of the committee: 1) the hospital administrator, 2) members from the medical staff, 3) director of nurses or a member of the nursing staff, 4) director of education or in-service training. It is usually better if the librarian serves as secretary of the committee rather than the chairman. This encourages initiative and a feeling of personal responsiblity among the other committee members. Meetings should be held regularly, as often as needed.

Agenda for Meetings of the Library Committee*

1. Unfinished business from the last meetings. (The librarian should make a note of all unfinished business to be carried over.)

2. New books and journals--discuss suggestions from librarian, committee members or hospital staff and examine reviews collected by the librarian; compare cost with budget; approve new purchases.

3. Problems within the library--presented by the librarian.

4. Suggestions for library services or facilities--from committee members or hospital staff.

**Based on Arkansas . . . "Syllabus . . . " 1970. p. 7*

5. Approval of new policies and services.

6. Statement of date and time of next scheduled meeting.

FINANCING:

The library's sources of finance usually indicate the composition and powers of the library committee. Library funds can come from the hospital's general funds, or from contributions from the medical staff organization, or from both. Hospital auxiliaries do not usually support the library financially, beyond occasional gifts for specific projects.

Where use of the library is limited to the medical staff it is common for the hospital to furnish library space and the librarian's salary while the medical staff pays for the library books. In this case the medical staff usually appoints all members of the library committee, and the committee exercises final authority to approve the books to be purchased and the policies for their use.

In time, the doctors themselves will see that this limited role for the library is not in the interests of their hospital's progress. All members of the health care team need access to information.

Both the hospital and the medical staff should work toward an expanded role in which the library serves the hospital staff as well as the doctors. This will involve hospital expenditure for books and journals as well as for space and personnel. In the ultimate library, the library committee is appointed by the hospital administrator and its members are chosen to represent all health care professions. Of course the administrator will welcome advice from the medical staff in appointing their representatives.

The division of financial responsibility between hospital and medical staff can vary widely, as shown by the example of hospitals in Ohio (Fig. C):

Fig. C.

Financing of Hospital Libraries in Ohio

Source of Funding	Frequency	Per Cent
General hospital funds only	24	20
Staff dues only	12	10
Hospital funds and staff dues	28	23
Hospital, staff, and hospital auxilliary	5	4
Hospital, auxilliary, and "other"	3	2
No response on questionnaire	50	41
	123	100

(From: Rees. 1970. p. 48)

BUDGETING:

Budgeting is an integral part of planning and finance. After studying the information needs of the hospital, the librarian must make definite plans for action with a timetable for the accomplishment of specific goals. Plans must be accompanied by cost estimates which form the basis of your proposed budget. Budgets should never be based on past habits of spending. They should be based on realistic programs for action--preferably a three to five year plan. Then the budget for each year can be based on what it will cost to reach a specified subgoal in the long-range plan. This is known as "program budgeting" because it tells not only the cost but also a specific program of action to be expected and the goal to be attained as a result of the expenditure.

The plan below assumes a hospital of 75 beds serving a medical staff of 13 with 30 registered nurses and 20 licensed practical nurses. The medical library has been actively supported for about ten years, but is still housed in the medical records department and is serviced in the "spare time" of the medical records staff. It is the policy of the library to keep ten year's back file of each journal, and to purchase a three-year back file for each new subscription added.

The plan proposes expansion to separate quarters. A collection for nurses will be developed to support new programs in continuing education and in-service training. The normal pattern of growth of the medical collection will continue, and subscriptions to Audio Digest service will be added. The library will be the central storage and distribution point for audio-visual equipment used in classes and in self-instruction. The library will be supervised by a half-time librarian.

The hospital administrator expects the new space to last about six years. He hopes to have ground broken on an addition to the hospital within five years and the new construction to be completed in one year. This expansion will allow for future space needs of the library, and existing equipment will be moved into the new space with new equipment purchased to match or blend.

I. PRESENT RESOURCES:

A. COLLECTIONS.

100 medical texts
15 journal subscriptions (average 7.5 years of back files per title).
15 reference books
Index Medicus, 1966-69
Abridged Index Medicus 1970 - date

B. EQUIPMENT.

shelving: 4 single-faced sections (i.e.: wall shelving), 5 shelves per section, packed full. No expansion space. Can be matched from manufacturer's stock.

seating: 1 table, 2 chairs, not worth moving. Replace with new.

catalog: now housed in medical records desk in insert boxes.

II. COST OF PROPOSED PROGRAMS:

A. MEDICAL PROGRAMS:

1. Basic collection - Already well-developed for the size of our hospital.

2. Current literature (yearly expenditure).

Medical books, 15 vol. per year @ $20 (avg.)	$ 300.00
Medical journals, (renewals) 15 @ $15 (avg.)	225.00
Binding, 15 vols @ $4.00	60.00
Index (Abridged Index Medicus) (yearly)	12.00
Cumulated volume for previous year	10.00

3. Audio-Visual Services: Audio Digest, 2 series (general practice, surgery) @ $100 each per year in cassettes, to be matched by two more series (Pediatrics, Internal Medicine) donated by staff members. 200.00

per year $ 807.00

B. NURSING PROGRAM:

1. Basic collection (cost could be spread over two to five years).

40 texts @ $10.00 (avg.)	$ 400.00
6 journals @ $8.00 (avg.)	48.00
3 years of back files @ $18.00 per year per title	324.00
Binding, 24 vol. @ $4.00	24.00
10 reference books @ $10.00	100.00
Hospital Literature Index (current & 3 years back)	40.00
International Nursing Index (current & 3 years back)	85.00
	$1021.00

2. Current literature (yearly expenditure)

Nursing books 10 vol. per year @ $10.00 (avg.)	$ 100.00
Nursing journals 6 per year @ $8.00 (avg.)	48.00
Binding, 6 vols. @ $4.00	24.00
Indexes (current subscriptions)	35.00

3. Audio-Visual Services

Train-Ex films (Annual contribution to a central pool of films) 75.00

per year $ 182.00

C. NEW EQUIPMENT:

Shelving: 4 sections, single face, five shelves per section @ est. $100.00 per section	$ 400.00
Seating: 6 chairs @ $60.00, 1 study table @ $125.00, 2 study carrels @ $100.00	685.00
Storage (supplies and AV equipment) 2 cabinets @ $100.00	200.00

Librarian's desk @ $200.00, chair @ $85.00, typewriter @ $250.00	535.00
Book truck	134.00
Catalog cabinet and stand (6 drawers)	166.00
Carpeting, 340 sq. ft.	450.00
Audiovisual equipment:	
2 cassette tape players @ $75.00 (for library and physicians lounge)	150.00
overhead projector	150.00
filmstrip projector	100.00
screen	40.00
record player	85.00
16 mm movie projector	450.00
35 mm slide projector	170.00

D. SERVICES:

1. Librarian's salary (Masters' degree, half-time) (A librarian with less training would be paid according to the usual salary scale of the hospital) $4000.00

2. Interlibrary Loans (postage and telephone are charged to general hospital expense at this hospital).

From these figures the librarian, library committee, and hospital administrator can establish the yearly budgets necessary for the hospital's five-year development program in continuing education. New programs may be introduced within the five-year period and be incorporated in the yearly budgets. Sufficient funds may not be available to cover all items in a reasonable period of time. Some items may have to be deleted, or postponed until a later planning period. The carpeting, while very desirable for noise control, might be postponed until the new building is available. The library committee must consider alternate sources such as cooperative agreements with other hospitals, if necessary services cannot be financed independently.

Your library committee can help you in program planning and budgeting. The committee can give you a better perspective on the library's contribution to total hospital objectives. They can find weaknesses in your plan and either eliminate a poor idea or strengthen the argument for a good idea before the plan is submitted to the administration. A plan reviewed and endorsed by the library committee is usually given more serious consideration than one which the librarian submits by herself.

STANDARDS:

In making long-range plans and performance budgets it is very useful to study the various standards which have been proposed for hospital libraries.

These standards must be used with caution. They must be used for what they are: numerical measures of library resources. These measures do describe adequate resources in a great number of hospitals across the nation. If your library comes up to the quantitative standard, then there is a good chance that it is adequate if it also suits the specific objectives of your own hospital. An

outdated library is not useful no matter how large. Specialized materials in plastic surgery are not wise purchases if no one on the staff does plastic surgery, or if more basic areas are neglected. A large library is no good to anyone if it is locked up half the time. A given quantity of books is only a tool for quality service, and standards for quality service cannot be given in numbers. Quality service is best measured in user satisfaction.

Standards can be quite helpful in identifying the tools which are necessary for better service. However, your goals must be realistic. You may have to cut your short-range goals to less than the national standard in order to have some hope of achieving them. You must also maintain a balance in your goals so that you do not attain some standard in one area--say, size of book collection--to the total neglect of another--such as journals or reference books or staff to provide service.

Because of the abuse of quantitative standards, which tend to encourage large but poor-quality collections, the library standards of the Joint Commisssion on the Accreditation of Hospitals emphasize quality, balance, and responsiveness to local needs. Still, it is interesting to see how your library compares to other widely-quoted standards based on measurement.

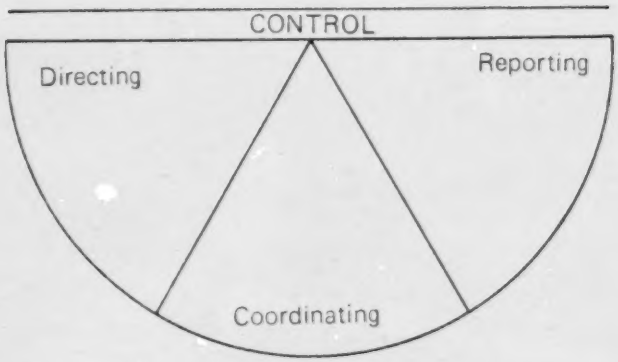
Two recommended standards are given in the Appendix with the Joint Commission Standards (1970). You will notice that these standards show more agreement for the larger hospitals. There is a sound reason for the increase in disagreement as the size of hospital gets smaller.

The widely-cited "core library" recommended by Stearns and Ratcliff (1970) lists a bare minimum of 87 books and 75 journals to cover seventy-seven fields of medicine, surgery, basic science, and allied health professions. Purchase of the entire core list would total about $3,000. It becomes very difficult to establish standards for collections smaller than this. Small hospitals with a limited economic base must be very selective in using even the "core list" as a guide. They must use the needs and resources of their own hospital as their guide. Local resource requirements will also depend on the kind of resources and cooperation available from other libraries in the area. Each hospital is unique, and each of the standards given is quite right for the kind of small hospital which its authors know.

Although there is a range of opinion on hospital library needs, some study of various standards will give you a better idea of what may be needed in your own situation.

If you have never been involved in long-range planning, you may need help at first. Consultant services and special publications are available from several organizations listed in the Appendix. Books and articles on administration are listed in the Bibliography.

CONTROL



Once your plans are made and approved, you must exercise control to reach your goals. Control is based on directing, coordinating and reporting. Control is relatively easy if it operates on the solid foundation of good planning. A good organization and staffing pattern make it less difficult to direct individuals in their own work and to coordinate their work with the work of others.

REPORTING:

When you are directing helpers, remember that they must report to you regularly--formally or informally--so that you will know what is happening and can make your own reports to the hospital administrator. You should have subgoals set during the year, and check reports against goals to identify areas of work that are falling behind schedule. Steps must be taken to catch up before a backlog of work becomes overwhelming.

Your yearly report to the hospital administrator is a part of control and it is also the first step of your planning for next year's program and budget. The annual report is your evaluation of how well you have fulfilled last year's plan, and how well you have met unplanned contingencies.

It identifies where you now stand in your long-range plan and what changes must be made in that plan before undertaking the next year's work.

The annual report is a permanent record of library activity. It should contain factual statements which can be used by future librarians to predict trends, or to understand the unique situations or peculiarities in the library as they have inherited it from you. Annual reports, duplicated and exchanged between libraries, are a means of communication. They are especially valuable if they are collected by a central agency which can determine trends in library service for a large area, and assist in area-wide cooperative planning.

A Check-List of Records for the Annual Report
Monthly and Quarterly Reports

1. *Size of the collection, with a narrative of subjects which need to be strengthened. Size of the collection is used in comparing your library with others, in much the same way that the number of beds is used in comparing hospitals.*

Books (i.e.: texts, reference books, monographs, annual reviews)

Number of titles *Number of volumes*	*Keep a record of both figures, since some titles run into several volumes. Count all editions of a text as one title.*

Journals

Number of current journal subscriptions
Number of volumes of bound periodicals
Number of complete unbound periodical volumes

2. *Statistics on activities. Changes in these figures from year to year indicate growth in services and change in emphasis, or effectiveness, of activities. These figures can be compared to staffing and budget figures to project future needs for library staff and finances.*

Acquisitions

Books purchased
Books withdrawn (discarded or lost)
New journal subscriptions
Journal subscriptions dropped
Gifts (itemized, with names of donors)

Number of books cataloged

Circulation

Number of borrowers	*A comparison of borrowers to the staff of the hospital will indicate what per cent you are reaching and from what group.*
Number of books loaned *Number of journals loaned*	*If your library is not being used, you may need better public relations or better book selection.*

Number of interlibrary loans requested, with a narrative describing type of material borrowed. Your interlibrary loan records can indicate subject areas which perhaps should be strengthened in your own collection. Too few interlibrary loans may mean that you need to advertise the resources available in your region.

Fines collected (if you charge fines). Advisability of fine collection has come under serious criticism recently, and many libraries are getting along just as well without fines.

Reference Service

a. *Ready reference - the number of questions asnwered in a quick search of one or two books or journals.*

b. *Bibliographies - the number of bibliographies compiled. It would be well to list the subject of each bibliography.*

3. Budget

Total budget for the year
Expenditures
Salaries
Book purchases
Journal subscriptions and renewals
Back files of journals
Audio-visual films, tapes, etc.
Equipment
Supplies
Total expenditures
Surplus or deficit

4. Itemized major equipment purchases (useful later in inventories).

5. Narrative of special projects (especially useful in public relations)

Monthly and annual reports are also powerful public relations tools in gaining support for the library and in encouraging its use. Less formal versions of your reports can be issued as news sheets or as press releases, depending on the news value of your programs to the hospital staff or to the public. Library users also appreciate prompt reports of new books and services. The formal annual report should be sent to all health professionals working in the hospital as well as to the administrator and members of the hospital board of directors.

Reporting includes keeping minutes of the meetings of the library committee. Decisions made in these meetings are the basis of your policies for purchase and use of library materials. Using the minutes as a source of information, you should draw together all decisions concerning purchasing policy, hours of service, time limits on loans, etc., and make a handbook of library policies and procedures. This handbook should be revised regularly. A loose-leaf notebook is very good for this, since single pages can be revised as changes are introduced.

POLICIES & PROCEDURES

What do we mean by a policy?

A policy is a general statement of the principles which govern decisions on the individual problems which come up day by day. It may be the library's policy to purchase one basic text in each of a stated list of subject areas, and to review each subject area every year for publication of revised editions or new titles. The policy does not provide a decision on which text to buy, or whether a new edition contains enough new material to justify purchase. The purchasing policy does define the library's areas of interest, and would have to be changed by a formal decision before a text could be purchased in a new subject area, or coverage of a subject area expanded to include a journal or annual review. Other policies concern who may borrow materials, time limits on loans, etc.

What do we mean by a procedure?

A procedure is the step-by-step process of doing a specific job. A procedure does not concern itself with decisions. The procedure is established to implement a decision which has already been made. The procedure section of your notebook will describe in detail how to order a book, how to check out a book, how to type overdue notices on a specific form, how often to send overdue notices, how to keep statistical records, etc.

You should try to run your office in such a way that someone else could continue to run it in your absence, should the hazards of chance keep you away from work unexpectedly. Adequate statement of policies and procedures, and descriptive labels on the files you keep, will help the people who must take over if you are gone.

COORDINATION and LEADERSHIP

Whether you are the head of a large research library or a part-time librarian in a small hospital, you will find that control of yourself is the first step in controlling others. You must know your own path ahead before you can expect others to follow. If you are the entire staff, doing all the work yourself, you must plan your work week so that a specific time is allotted to each task which must be done. It is too easy to become absorbed in one task, do that task too well, and let the one task take all your available time. When you can schedule your own work, you will be ready to schedule work for auxiliary volunteers or paid assistants.

Regardless of the size of your hospital, and regardless of your own status on the staff, there are opportunities for you to exercise leadership in your role as librarian.

Your library committee will look to you for leadership, even though you are not its chairman. New committee members need to be educated in the role of the library in the hospital organization. Your administrator will expect you to know staff members who are especially interested in the library, and he will welcome your suggestions for new appointments to the committee. Everyone concerned with the library will look to you for suggestions of improvements in service. Service is the one thing which the library has to offer its users. Without service you do

not have a library but only an accumulation of books. Service is organizing the materials so that they can be found easily. Service is helping people use the materials. Service is telling people how the library can help them.

After careful planning you can identify the people on the hospital staff who are most interested in library development. Tell them your plans for the library. Ask their advice. Find out their current interests and problems. Offer your own help to them in their work. In this way you will make the library truly a working unit of the hospital. Leadership is not based in some magical charisma. The basis of leadership and of public relations is always service that takes the initiative.

APPENDICES

"If at First You Don't Have . . ."

. . . *a budget . . . keep track of expenditures anyhow for your own use and for reporting.*

. . . *a library committee . . . enlist help from an interested M.D. or the Director of Nurses.*

. . . *any recent books . . . list five areas of need, and suggest book purchases to cover those subjects. Then be sure to encourage use of those books, and make more purchase suggestions to the users.*

. . . *current journal subscriptions . . . suggest that the M.D.'s address their subscriptions to the hospital library and pool their purchases in a "journal club."*

. . . *space for the library . . . use the space behind the secretary's desk--using a lockable case. Books must be available even if study space is not.*

You must begin with what you have and build interest in the library from that point. Make sure that the staff knows what is available and what can be done for a beginning, even if the beginning is somewhat makeshift. The most important thing is to know where you want to go, and what the possibilities are for library development.

WHERE TO GO FOR HELP

Organizations and Addresses

Regional Medical Programs concern themselves with prevention and treatment of specific diseases. They have a strong emphasis on the continuing education of health care personnel. Since libraries are necessary facilities in continuing education, most Regional Medica Programs sponsor library projects. In our own area you can ask for help by addressing:

Extension Librarian
Intermountain Regional Medical Program
50 North Medical Drive
Salt Lake City, Utah 84112

Regional Medical Libraries have been established by the National library of Medicine to provide medical information to all parts of the nation. The network of Regional Medical Libraries pays the cost of interlibrary loans from existing resource libraries to smaller libraries and individual health care workers who need materials not available locally. If the closest resource library does not have the material, the request is sent on to the national network of libraries. In Utah, requests should be sent to:

Medical Sciences Library
University of Utah Medical Center
50 North Medical Drive
Salt Lake City, Utah 84112

You can contact the Regional Medical Library network in other areas of the Intermountain Region through Salt Lake City or:

Library
Idaho State University
Pocatello, Idaho 83201

University of Colorado Medical Center
Denison Memorial Library
4200 East Ninth Street
Denver, Colorado 80220

Library
Montana State University
Bozeman, Montana 59715

Science Library
University of Wyoming
Laramie, Wyoming 82070

Life Sciences Library
University of Nevada
Reno, Nevada 89507

Other agencies and organizations can also help you:

Extramural Program
National Library of Medicine
Bethesda, Maryland 20014

Medical Library Association
919 North Michigan Avenue
Chicago, Illinois 60611

Association of Hospital and Institution Libraries
American Library Association
50 East Huron Street
Chicago, Illinois 60611

Division of Library Services
American Hospital Association
840 North Lake Shore Drive
Chicago, Illinois 60611

Biological Sciences Division
Special Libraries Association
235 Park Avenue South
New York, N. Y. 10003

and of course, your own state hospital association.

CHECKLIST OF PATIENT CARE SERVICES AFFECTING USE OF THE LIBRARY

- Which of these services are offered in your hospital?
- What does each service involve?
- What library services and resources are needed by each?

Medical specialties represented on the medical staff:

Anesthesiology
General Surgery
Internal Medicine
Psychiatry
Radiology
Pathology
General Practice
Neurology
Obstetrics & Gynecology
Ophthalmology
Otolaryngology
Pediatrics
Physical Medicine
Urology
Colon and Rectal Surgery
Neurological Surgery
Orthopedic Surgery
Plastic Surgery
Thoracic Surgery

Special facilities and services in the hospital:

Intensive care unit
Intensive cardiac care unit
Open-heart surgery facilities
Post-operative recovery room
Premature nursery
X-ray therapy
Radium therapy
Histopathology laboratory
Blood bank
Physical therapy
Inhalation therapy
Dental services
Self-care unit
Psychiatric service
Electroencephalography
Occupational therapy
Registered pharmacist on duty
Renal dialysis
Emergency department
Social work department
Radioisotope facility
Organ bank
Family planning service
Extended care facility
Rehabilitation services
Home care program
Hospital auxilliary
Organized outpatient dept.

HOSPITAL LIBRARY STANDARDS

W. D. Postell (1963):

Size of Hospital	Up to 300 beds	301-600 beds	601+ beds
Book Collection	300 titles	500 titles	600 titles
Annual Book Additions	50 titles	75 titles	100 titles
Current Journal Subscriptions	35 journals	75 journals	125 journals
Seating	10 seats	30 seats	50 seats

Neil Kelley and Sally Kasalko (Arkansas . . . Syllabus . . . 1970. p. 2) have adapted this for small hospitals as follows:

Size of Hospital	Under 25 beds	25-50 beds	50-100 beds
Book Collection	50 titles	50 titles	100 titles
Annual Book Additions	5-10 titles	10 titles	20 titles
Current Journal Subscriptions	10	10	20
Seating	5	5	10

Connecticut Regional Medical Program . . . (1970):

Size of Hospital	Up to 200 beds	200-400 beds	400-600 beds	Over 600 beds
Book Collection	100	300	500	600
Annual Book Additions	30	50	80	100
Current Journal Subscriptions	40	60	100	150
Seating	Ten percent of total hospital staff			
Library Staff	1/2 (20 hours per week) employee	1 full-time employee, 1/2 clerk	1 professional librarian, 1 full-time clerk	2 librarians 1 clerk

The original versions of these standards include reference collections, space and equipment requirements, and financial support.

Joint Commission on the Accreditation of Hospitals . . . (1971) :

STANDARD I

Library services shall be made available to the medical and hospital staff. There shall be books, periodicals and other materials appropriate to meet their needs.

Interpretation

The hospital's professional library service should be active, dynamic and capable of providing pertinent and useful biomedical information that will serve the programs of the hospital and the needs of the medical staff.

The extent of library services will vary with the size, contents and program of the library. Hospitals providing extensive library service should have the services of at least one full-time librarian. When the librarian is employed on less than a full-time basis, a suitably trained person should be available to provide library services.

The hospital's professional library services should include:

Reference service. The ability to suggest references and sources of information, as well as the ability to find facts within a reasonable period of time.

Document delivery service. The ability to respond to a reasonable request, either to produce published matter from the library's own collection or to acquire it from source libraries. Procedures should be developed for lending library materials, for accurately controlling loans and for filling photoreproduction requests.

Audiovisual service. The ability to provide audiovisual material and equipment.

To furnish these services adequately, the commonly used current reference material must be provided in the hospital, including Index Medicus and other pertinent indexes.

In addition, there must be an adequate, readily available basic library that affords the staff prompt access to current material. This library should contain basic books and journals available in the fields in which the hospital provides services, as well as books in certain of the sciences basic to medicine, such as anatomy, physiology, pathology, biochemistry and pharmacology.

There must be evidence of a continuing effort to study the hospital's needs for professional library services, and to ascertain that provisions exist for such services. These studies should result in development of immediate and long-term goals, the support of a realistic annual budget and recommendations for the deletion and addition of books, journals and audiovisual materials.

GLOSSARY

ACQUISITION a) any printed or audio-visual item acquired by the library, b) the process of acquiring such an item.

BACK FILES (or back issues) Issues of journals preceding the latest (current) issue.

BIBLIOGRAPHY a) a list of books and/or journal articles pertaining to a particular topic. Longer reference questions are often answered through the process of compiling a bibliography on that subject. When the bibliography is prepared to answer a reference question, the librarian usually goes one step farther and examines the original articles to make sure they apply to her user's interest. b) any list of books or journal articles, all of which have some common characteristic, e.g.: Index Medicus (articles from medical journals); NLM Current Catalog (new books in the National Library of Medicine); Books in Print (books currently available from United States publishers); etc.

CATALOG A list of books and audio-visual materials in a particular library. (A union catalog lists the holdings of a group of libraries.) The catalog is arranged according to a definite plan, giving a description of each item and its location in the library.

CATALOGING everything connected with organizing and updating a catalog.

CIRCULATION 1) The activity of a library in lending books to borrowers and keeping a record of the loans. 2) The total number of volumes loaned during a given period of time.

COLLECTIONS In library parlance "the collection" is the library's total stock of books, journals, and audio-visual tapes and films. "The collection" may have distinctive parts such as "the audio-visual collection." Remember that a collection is more than an accumulation; it is the result of a purposeful plan and careful selection.

INTERLIBRARY LOAN Material loaned from one library to another library. A borrowing library is responsible for return of the material if that library, in turn, loans the material to an individual user.

JOURNAL Any publication which comes out at regular intervals and is meant to be continued indefinitely; a special type of Magazine, Periodical, or Serial containing current news and reports of activities in a particular scholarly or professional field.

MONOGRAPH A written work which covers a limited field of knowledge in full detail. To satisfy this definition a monograph is usually of book length, containing chapters, and is written by one author or a small group of closely-coordinated co-authors. Sometimes a monograph is issued as a supplementary part to a scholarly journal.

REFERENCE BOOK A book designed by its arrangement and treatment to be used for definite items of information rather than to be read consecutively, "cover-to-cover," e.g.: dictionaries, encyclopedias, statistical handbooks, almanacs, directories.

REFERENCE SERVICE Finding library materials to fill the needs of library users.

TEXT (or textbooks) Writings intended as supplements to teaching in school. Medical texts have a wider use as reference books to refresh a doctor's memory and to update his knowledge, or to expand his knowledge into a specialty beyond his formal training. Nurses also use medical texts, as well as their own nursing texts, to further their understanding of specific cases and general practices.

BIBLIOGRAPHY

Arkansas University Medical Center Library and Arkansas Regional Medical Program. Syllabus for Regional Hospital Medical Library System Workshop. July, 1970. (Order from University of Arkansas Medical Center Library, 4301 West Markham Street, Little Rock, Arkansas 72201) $ 3.00

Balmer, Marjorie L. "Role of the MRL as Medical Librarian of the Hospital Organization." Medical Record News 39: 14-19 (October, 1968)

Colaianni, Lois Ann and Mirsky, Phyllis S. Manual for Librarians in Small Hospitals. Los Angeles, California Regional Medical Programs Area IV and Pacific Southwest Regional Medical Library Service, 1970. (Order from Biomedical Library, University of California at Los Angeles 90024) $ 2.00

Connecticut Regional Medical Program. Advisory Committee on Library Services. "Suggested Minimum Guidelines for Connecticut Health Science Libraries." (Mimeographed) (Order from John A. Timour, Library Services Director, Connecticut Regional Medical Program, 272 George Street, New Haven, Connecticut 06510)

Dralle, Dorothy and Noyes, Alton W. "Organizing a Hospital Library to Fulfill its Service Potential." Hospitals 41: 63+ (November, 1967)

Fayol, Henry. General and Industrial Management. Tr. by Constance Storrs. London, I. Pitman (1961)

*Handbook of Medical Library Practice. Gertrude L. Annan and Jacqueline W. Felter, editors. 3rd ed. Chicago, Medical Library Association, 1970. $15.00

Hospital Library Standards Committee. Standards for Library Services in Health Care Institutions. Chicago, American Library Association, 1970. $ 1.75

*Joint Commission on Accreditation of Hospitals. Standards for Accreditation. Chicago, 1970 (Order from the Joint Commission . . ., 645 North Michigan Avenue, Chicago, Illinois 60611) $ 1.50

*Joint Committee on Library Services in Hospitals. Basic List of Guides and Information Sources for Professional and Patients' Libraries in Hospitals. (Revised frequently) (Single copy available free from the Division of Library Services, American Hospital Association, 840 North Lake Shore Drive, Chicago, Illinois 60611)

Michael, M., Jr. "The Medical Library's Vital Role in Physicians' Continuing Education." Hospital Progress 49: 92-102 (October, 1968)

Postell, W. D. "Planning the Hospital Library." Hospital Progress 44: 84-85 (February, 1963)

Rees, Alan M. "The Structure and Function of the Hospital Library." Hospital Administration 15 (4): 40-56 (Fall, 1970)

*Robinow, Beatrice H. Organization of Hospital Libraries. Toronto, Canadian Hospital Association, 1967. (Order from the Association, at 25 Imperial Street, Toronto 7, Ontario) $ 4.00

Stearns, Norman S., Bloomquist, Harold and Ratcliff, Wendy W. "The Hospital Library." Part I, II. Hospitals 44: 55-59, 88-90 (March 1, March 16, 1970)

Stearns, Norman S. and Ratcliff, Wendy W. "An Integrated Health Science Core Library for Physicians, Nurses and Allied Health Practitioners in Community Hospitals." New England Journal of Medicine 283: 1489-1498 (December 31, 1970)

Thornton, Anne R. "A Guideline for Hospital Medical Library Reports." Hospital Progress 50: 30-31 (June, 1969)

United Hospital Fund of New York. Committee on Hospital Library Architecture. Planning the Hospital Library. New York, 1957. (Order from United Hospital Fund of New York, 3 East 54th Street, New York 10022) $ 1.50

West, Kelly M. "Books as Clinical Tools." Series in 5 parts. Journal of the Oklahoma State Medical Association. May - July, October, December, 1966. pp. 241, 297, 393-395, 577-578, 697-698.

Wilson, Robert J. The Hospital Health Sciences Library: a Manual. Seattle, Pacific Northwest Regional Health Sciences Library, 1970. (Single copies free within the Pacific Northwest Region: Washington, Alaska, Montana, Idaho, Oregon. Order from the publisher at the University of Washington, Seattle 98105)

**Recommended for purchase. You will find yourself referring to these again and again.*

All these materials are available on interlibrary loan from the Medical Sciences Library, University of Utah.